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CONFIRMATION NO. 2594

<b>SERIAL NUMBER</b> 10/761,185	<b>FILING OR 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> DEP5031
<b>APPLICANTS</b> Austin W. Mutchler, Warsaw, IN; <b>** CONTINUING DATA *****</b> <i>None FCC</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None FCC</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 40	<b>TOTAL CLAIMS</b> 31
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 000027777				
<b>TITLE</b> Intramedullary nail and associated method				
<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	